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APPLICANTS

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** CONTINUING DATA ***** *NO KML*

** FOREIGN APPLICATIONS ***** *Yes KML*
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IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 2	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 3
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35 USC 119 (a-d) conditions met ☒ yes ☐ no ☐ Met after Allowance

Verified and Acknowledged *[Signature]* *[Initials]*
 Examiner's Signature Initials

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TITLE
 Distributed system and method for displaying and editing medically relevant data objects

FILING FEE RECEIVED 1042	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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